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Customer Satisfaction

THERE ARE SOME disturbing parallels between what has happened to the automobile industry in America and what might be happening in medicine. For years the American automobile industry held world leadership in automotive manufacturing, design and engineering innovation, and built high-quality, popular cars. And for years American medicine has led the world in the sophistication and excellence of the health care it renders. But it is clear that our once pacesetting automobile industry has fallen behind. Its leadership is no longer unquestioned and its competitive position in the marketplace has been seriously compromised. Its customers are going elsewhere in disturbing numbers.

The reasons are many. There is little doubt that government intervention with all of its costly and often stifling rules, regulations and paperwork has played a role; it may even have diverted attention and energy from a far more basic problem—that both industry leaders and workers in automobile plants lost sight of the need for efficient automobiles of appropriate design that were constructed with skill and precision. The customers became dissatisfied with the products that were offered and bought cars built elsewhere.

There are significant parallels in what is happening in health care. Clearly, government intervention with all of its costly and often stifling rules, regulations and paperwork is playing a role —and while it is getting much blame, it may also be diverting attention from a far more basic problem. Unfortunately, there are signs that medicine's leaders, as well as the members of the medical profession in general, may be losing sight of the needs felt by their *customers*—that is, both individual patients and the public. Like the customers of automobile manufacturers, patients are seeking a product that will satisfy their needs as they see them. Too many of them are beginning to look elsewhere than to medicine, as it is customarily practiced today, to answer their needs, particularly their need to feel better. This is happening at a time when the competition for these *customers* is likely to be increasing, for reasons that need not be described here.

Perhaps there is a lesson for medicine from what has occurred in the automobile industry. The lesson may be that it is time for both the medical profession's leadership and those who provide care to give more attention to what is involved in *customer* satisfaction if they are to retain leadership or even to survive in the increasingly competitive world of health care.

—MSMW

The Platelet Connection in Arteriosclerotic Disease

COMPLEX INTERACTIONS exist between the vessel wall and the circulating blood. Vessel wall injury of whatever cause sets off a series of reactions which involve the platelets, the extrinsic and intrinsic coagulation process, and alterations in the structure and function of the smooth muscle cells of the vessel wall. As currently reviewed in the two-part specialty conference on thrombosis beginning in this issue these phenomena have been implicated in the primary atherogenic process and in the development of secondary cardiovascular events including myocardial infarction, mural thrombus formation and thromboembolic phenomena.

The platelets have attracted increasing attention as the critical element in arteriosclerotic cardiovascular disease. The platelets are activated both by vessel wall injury and by thrombin production from the coagulation reaction. The arachidonic pathway in the platelet produces increased amounts of thromboxane A_2 which further enhances the clotting mechanism and stimulates the vessel to constrict. Negative feedback mechanisms within the platelet and thromboxane A_2 inhibition from the platelet and the vessel wall maintain a delicate balance to this dynamic clotting process. The end result of the localized platelet and coagulation reaction depends in large part on the rates

A two-part Specialty Conference "Thrombosis: Its Role and Prevention in Cardiovascular Events" begins elsewhere in this issue.